

**2020 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 06085203  
Filing Number: 2011232630740  
Filing Date/Time: 11/23/2020 11:34 AM  
Effective Date/Time: 11/23/2020 11:34 AM



1. CORPORATION NAME:  
HOLDINGS MANAGEMENT CORP.

DUE DATE: 12/31/20

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY  
C T CORPORATION SYSTEM  
4701 Cox Rd Ste 285  
Glen Allen, VA 23060-6808

SCC ID NO.: 0608520-3

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
087-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 12150 MONUMENT DR. SUITE 865	ADDRESS: 5160 Parkstone Dr. Suite 150
CITY/ST/ZIP FAIRFAX, VA 22033-0000	CITY/ST/ZIP Chantilly, VA 20151

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: GRANT CHALMERS	NAME:
TITLE: Vice President	TITLE:
ADDRESS: 12150 MONUMENT DRIVE #865	ADDRESS: 5160 Parkstone Dr # 150
CITY/ST/ZIP: FAIRFAX, VA 22033-0000	CITY/ST/ZIP: Chantilly, VA 20151

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I affirm that the information contained in this report is accurate and complete as of the date below.

*Grant Chalmers*  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Arthur F. LaFonatis Sec.  
PRINTED NAME AND CORPORATE TITLE

11/19/2020  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

**2020 ANNUAL REPORT CONTINUED**

CORPORATION NAME:  
HOLDINGS MANAGEMENT CORP.

DUE DATE: **12/31/20**  
SCC ID NO.: **0608520-3**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank:  <input checked="" type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: ARTHUR F LAFIONATIS          TITLE: Secretary          ADDRESS: 11300 ROCKVILLE PIKE                        SUITE 607          CITY/ST/ZIP: N. BETHESDA, MD 20852-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input checked="" type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DAVID M CHALMERS          TITLE: P/T          ADDRESS: 12150 MONUMENT DRIVE #865          CITY/ST/ZIP: FAIRFAX, VA 22033-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS: <i>5160 Parkstone Dr. #150</i>          CITY/ST/ZIP: <i>Chantilly, VA 20151</i></p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input checked="" type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: SHANNON PERKINS          TITLE: VP/ASST SEC          ADDRESS: 12150 MONUMENT DRIVE #865          CITY/ST/ZIP: FAIRFAX, VA 22033-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS: <i>5160 Parkstone Dr. #150</i>          CITY/ST/ZIP: <i>Chantilly VA 20151</i></p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input checked="" type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: <i>Fraser Chalmers</i>          TITLE: <i>Vice President</i>          ADDRESS: <i>5160 Parkstone Dr #150</i>          CITY/ST/ZIP: <i>Chantilly, VA 20151</i></p>

